MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10260

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND — LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE GARRETT — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CRELLIN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
BERTHA	JANE	ADAMS	OCTOBER 28 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
FEMALE	WHITE	WIDOWED	9/5/1877	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		WEST VIRGINIA	U.S.A.

13. FATHER'S NAME: WILLIAM B. PHILLIPS

14. MOTHER'S MAIDEN NAME: Sarah NESTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: ELWOOD R. ADAMS CRELLIN, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	48 hrs
4/50.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gangrene both feet	5 days
107	(c) Arteriosclerosis	10 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 19, 1946 to Oct. 28, 1950, that I last saw the deceased alive on Oct 27, 1950 and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. Chance	MD	Oakland Md	30 Oct 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10/30/1950	ASHBY CEMETERY?	CRELLIN? MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/30/50	Julia A Rowan	Emroy D. Bolden	OAKLAND? MD.

RECEIVED
NOV 7 1950
BUREAU V. S.

10261

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ACCIDENT
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Marjorie (Middle) Lea (Last) INFANT BROADWATER

4. DATE OF DEATH (Month) OCTOBER (Day) 17 (Year) 1950

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH 10/15/50

9. AGE last birthday yrs. If under 1 year Months Days 1 If under 24 hrs. Hours 12 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BROADWATER GUY EMERSON

14. MOTHER'S MAIDEN NAME BROBST, MARJORIE BLANCHE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Guy Broadwater, Accident, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

770.0 Immediate cause (a) Erythroblastosis Fetalis — INTERVAL BETWEEN ONSET AND DEATH 2 Days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

161c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Oct, 1950, to 17 Oct, 1950, that I last saw the deceased alive on 17 Oct, 1950, and that death occurred at 6:15 A m., from the causes and on the date stated above.

SIGNATURE A. E. Mance (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 18 Oct 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10/17/1950

NAME OF CEMETERY OR CREMATORY Brethern Ce,etery

LOCATION (City, town, or county) (State) Accident, Md.

DATE REC'D BY LOCAL REG. 10/17/50

REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR Emroy D. Bolden, ADDRESS Oakland, Md.

2-0-0 15 0-20 Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 31 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

10262

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 51 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT CO. MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND RURAL
STREET ADDRESS (If rural, give location) BOX 85

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) RAY (Last) BROWNING

4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 15 1950

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH 7/16/1892

9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY MD. ROADS DEPT.

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BROWNING, JOHN M.

14. MOTHER'S MAIDEN NAME MC CRUMB, MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS (WIFE) Mrs. Maud Browning. Oakland, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X Immediate cause (a) Carcinoma of Prostate (primary) c̄

51b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple Metastases

(c)

INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1947, to Oct 15, 1950, that I last saw the deceased alive on Oct. 15, 1950, and that death occurred at 10 40 p. m., from the causes and on the date stated above.

SIGNATURE E. J. Baumgartner (Degree or title) MD. ADDRESS 25 Alder St Oakland Md. DATE SIGNED 10/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 10/18/1950 NAME OF CEMETERY OR CREMATORY Oakland Mem. LOCATION (City, town, or county) Oakland (State) Md

DATE REC'D BY LOCAL REG. 10/17/1950 REGISTRAR'S SIGNATURE Lydia A. Rowan

24. FUNERAL DIRECTOR Emroy W. Bolden, ADDRESS Oakland, Md.

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OCT 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10263

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kiser Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park Md.
STREET ADDRESS (If rural, give location) Mt. Lake Park Md.)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Byrd

4. DATE OF DEATH: (Month) (Day) (Year) 10-24-1950 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 11/28/1881

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician-Retired

10b. KIND OF BUSINESS OR INDUSTRY: Power Plant

11. BIRTHPLACE (State or foreign country): Three Churches, W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emanual Byrd

14. MOTHER'S MAIDEN NAME: Eliza Darkey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Frank Byrd, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

4/22/1 93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1948, to October, 1950, that I last saw the deceased alive on Oct. 23, 1950, and that death occurred at 12 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. J. Baumgartner M.D. — ADDRESS Oakland Md — DATE SIGNED 10/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 10-27-1950 | NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery | LOCATION (City, town, or county) (State): Cumberland, Md

DATE REC'D BY LOCAL REG.: 10-27-1950 | REGISTRAR'S SIGNATURE: Celia A. Rowan | 24. FUNERAL DIRECTOR: John J. Hafer, Cumberland, Md. | ADDRESS

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NOV 7 1950
BUREAU V. S

10264

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Mt. Lake Park, MARYLAND Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) Life time	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home Mt. Lake Park, Md.	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Offutt	(Last) Davis	4. DATE OF DEATH	(Month) (Day) (Year) 10/15/1950 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9/30/1884	9. AGE last birthday 66 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Editor & Sec. to C. of Commerce	10b. KIND OF BUSINESS OR INDUSTRY Printer.	11. BIRTHPLACE (State or foreign country) Frostburg, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William H. Davis.	14. MOTHER'S MAIDEN NAME Virginia Miller.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 215-07-5012	17. INFORMANT AND ADDRESS Miss Margaret Miller, Aunt. Oakland, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Toxemia	2 wks
331X Antecedent cause(s)	(b) Gangrene Left foot	2 mo
830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cerebral Hemorrhage c̄ Hemiplegia	10 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/25/45, 19....., to 10/15/50, 19....., that I last saw the deceased alive on 10/13/50, 19....., and that death occurred at 9:00 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. J. Baumgartner	M.D.	Oakland, Md	10/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 10/18/1950	NAME OF CEMETERY OR CREMATORY Oakland, Maryland,	LOCATION (City, town, or county) (State) Oakland, Md.
DATE REC'D BY LOCAL REG. 10-18-1950	REGISTRAR'S SIGNATURE Julia A. Rowan	24. FUNERAL DIRECTOR Emroy D. Bolden	ADDRESS Oakland, Md.

31014

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
OCT 31 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10265

CERTIFICATE OF DEATH

Reg. Diat. No. 161

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Garrett

City or town: Friendsville. Md. Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Garrett

City or town: Friendsville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mahlon Deterich

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Effie B. Deterich

6.(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): May 14. 1871

8. AGE: Years	Months	Days	If less than one day
79	4	27	..... hrs. ..... min.

9. Birthplace: Accident. Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farm owner

FATHER 12. Name: John Deterich

FATHER 13. Birthplace: Md

MOTHER 14. Maiden name: Elizabeth Gruter

MOTHER 15. Birthplace: Md.

16. Informant: Mrs Effie B. Deterich

Address: Friendsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 13. 50 (month) (day) (year)

Cemetery or crematory: Friendsville

Location: Friendsville. Md.

18. Funeral director: G. F. Collins

Address: Terra Alta. W Va.

19. October 13 1950 (Date rec'd by registrar) Mrs. Kathryn Fike. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 11 1950, at 10.40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct - 10 - 1950 to Oct - 11 - 1950 and that I last saw h.. alive on Oct - 10 - 1950

Immediate cause of death	DURATION
Gastric Hemorrhage	1
Due to: Carcinoma (Gastric)	?
Due to: 151X	
Other conditions: Paraplegia 460	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: H. B. Messmore (M D) M. D. or other

Address: Addison - Pa. Date signed: 10/13/50

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OCT 16 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10266

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND — LENGTH OF STAY (in this place) 3 yrs. 4 mos. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland — HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett Co. Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland — STREET ADDRESS (If rural, give location) 7th & Liberty Sts.

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) A. (Last) De Witt

4. DATE OF DEATH: (Month) Oct (Day) 31 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 14, 1892

9. AGE last birthday: 58 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frederick Stahl

14. MOTHER'S MAIDEN NAME: Mary Bell Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Ben H. De Witt, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Severe Diabetes with probable hyperinsulinism — Interval Between Onset and Death: ? years

260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Arteriosclerotic cardio-vascular disease — ? years

61 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic arthritis + obesity — ?

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to 31 Oct, 1950, that I last saw the deceased alive on 31 Oct, 1950, and that death occurred at 7:20 P. m., from the causes and on the date stated above.

SIGNATURE: Thomas D. Lusby — (Degree or title) M. D. — ADDRESS: Oakland, Md. — DATE SIGNED: 31 Oct 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/3/1950 — NAME OF CEMETERY OR CREMATORY: Red House Cemetery — LOCATION (City, town, or county) (State): Garrett Co., Md.

DATE REC'D BY LOCAL REG. 11/3/50 — REGISTRAR'S SIGNATURE: Julia A. Rowan — FUNERAL DIRECTOR: Herbert C. Leighton — ADDRESS: Oakland, Md.

RECEIVED
NOV 7 1960
BUREAU Y. S

MARYLAND STATE DEPARTMENT OF HEALTH

10267

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (in this place): 21 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~GARRETT COUNTY MEMORIAL HOSPITAL~~ Sang Run
STREET ADDRESS (If rural, give location): ~~OAKLAND~~ Rt. #1

3. NAME OF DECEASED (Type or Print): (First) INFANT (Middle) (Last) FRIEND

4. DATE OF DEATH: (Month) OCTOBER (Day) 11 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 10/10/1950

9. AGE last birthday: NEWBORN yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours 21 Min. 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: FRIEND, RUSSELL G.

14. MOTHER'S MAIDEN NAME: SPIKER, MARY ALICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Russell G. Friend, Father.

18. MEDICAL CERTIFICATION — Oakland, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X **Immediate cause** (a) Premature Birth.

INTERVAL BETWEEN ONSET AND DEATH: 21 hrs

159 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE: A. E. Mann (Degree or title) M.D. ADDRESS: Oakland Md DATE SIGNED: 12 Oct 50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial | DATE THEREOF: 10/13/1950 | NAME OF CEMETERY OR CREMATORY: Bray Cemetery | LOCATION (City, town, or county) (State): Near Oakland, Md.

DATE REC'D BY LOCAL REG.: 10-12-1950 | REGISTRAR'S SIGNATURE: Julia A. Rowan | 24. FUNERAL DIRECTOR: Ernest D. Bolden, Oakland, Md. ADDRESS

2-0-0-10-0-18-1-29-1

RECEIVED
OCT 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10268

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Garrett

City or town Maryland Lake Park

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr

Hospital, institution, or street address where death occurred: Rest Nursing Home

How long in hospital or institution? 1 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W Va County Preston

City or town Terra Alta

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Lucy Bell Grimm

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife Geo. N. Grimm

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 9. 1862

8. AGE: Years 88 Months 9 Days 14 If less than one day ... hrs. ... min.

9. Birthplace Terra Alta. W.Va. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John P. Mitheny

13. Birthplace Preston Co. W.Va.

MOTHER 14. Maiden name Martha A Hart

15. Birthplace Preston Co. W.Va.

16. Informant Robert Grimm

Address Terra Alta. W.Va

17. Removal (Burial, cremation, or removal. Which?) Date thereof Oct. 23. 1950 (mnnth) (day) (year)

Cemetery or crematory Terra Alta

Location Terra Alta. W.Va.

18. Funeral director A. F. Callen

Address Terra Alta. W.Va.

19. 10/23/ 1950 (Date rec'd by registrar) Julia T. Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23 1950, at 4:30 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19 49 to Oct 23 1950 and that I last saw her alive on 21 Oct 1950

Immediate cause of death	DURATION
arteriosclerotic cardio vascular disease	2 year
Due to Senility	
Due to	
Other conditions 422.1	
932.	

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thomas J Leahy M D M. D. or other

Address Oakland, Md Date signed Oct 25 1950

RECEIVED
OCT 31 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10269 72

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Garrett; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller; LENGTH OF STAY (in this place) 48 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Willow St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller; STREET ADDRESS (If rural, give location) Willow St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Clarence	Keller	Oct.	9	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	Apr. 25, 1893	57 yrs.	5	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Coal Miner	Coal Mines	Corinth Garrett County, Md. U.S.A.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Keller	Charlott Plumb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	213-01-6632	Mildred Droppleman, Kitzmiller Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart Disease	?
	(c)	

420.1 94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 15, 1950, to Oct. 9, 1950, that I last saw the deceased alive on Oct 2, 1950, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ralph Colandella M.D.			Oct. 10-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 11, 1950	I.O.O.F. Cemetery	Elk Garden, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Otha F. Sharpless	Blaine, W.Va.

VS. A15

15402

RECEIVED
OCT 23 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10270

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park | LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ------

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park
STREET ADDRESS (If rural, give location) 5 Mi. North Deer Park

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Harvey (Last) Moon
4. DATE OF DEATH: (Month) Oct. (Day) 1, (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4/26/1886
9. AGE last birthday: 64 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Thomas Harvey
14. MOTHER'S MAIDEN NAME: Harriett Paugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: --------
17. INFORMANT AND ADDRESS: Scott Moon R. D. Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Organic Heart Disease

434.3 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

95C (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dropsy

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8-10-, 1950, to 10-1, 1950, that I last saw the deceased alive on 10-29, 1950, and that death occurred at 6:30A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

F. W. Wengel M.D. Oakland Md 10-3-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 10/3/1950 | NAME OF CEMETERY OR CREMATORY: Thos. Moon Cemetery | LOCATION (City, town, or county) (State): near Deer Park, Md.

DATE REC'D BY LOCAL REGISTRAR: 10/3/1950 | REGISTRAR'S SIGNATURE: Julia L. Rowan | 24. FUNERAL DIRECTOR: Herbert C. Leighton | ADDRESS: Oakland, Md.

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OCT 31 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10271

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park | LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kiser Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
STREET ADDRESS (If rural, give location) c/o A. A. Callis - Loch Lynn

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Susie (Last) Moore
4. DATE OF DEATH: (Mooth) October (Day) 21, (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8/29/1882
9. AGE last birthday: 68 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kiod of work done during most of working life, even if retired): Manicurist
10b. KIND OF BUSINESS OR INDUSTRY: Beauty Parlor
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hugh Moore
14. MOTHER'S MAIDEN NAME: Eliza Lower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT AND ADDRESS: Asa A. Callis Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic cardio vascular disease	More than 3 years
Antecedent cause(s)	(b) Osteomalacia	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

285X
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death hut not related to the disease or coodition causing death.

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour): none m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1947, to 21 Oct, 1950, that I last saw the deceased alive on Oct 16, 1950, and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Thomas J. Lusby M. D. | Oakland Md. | 21 Oct 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 10/23/1950 | NAME OF CEMETERY OR CREMATORY: Henry Beckman Cemetery | LOCATION (City, town, or county) (State): Garrett County, Md.

DATE REC'D BY LOCAL REG.: 10-23-50 | REGISTRAR'S SIGNATURE: Julia Moore | 24. FUNERAL DIRECTOR: Herbert C. Leighton | ADDRESS: Oakland, Md.

700 89

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OCT 31 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10272

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Garett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Accident — LENGTH OF STAY (In this place) 5 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garett Co Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Accident
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Russel (Last) Ryland
4. DATE OF DEATH: (Month) October (Day) 20 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9-13-1930
9. AGE last birthday: 20 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Boy
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Accident Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Ross R.Ryland
14. MOTHER'S MAIDEN NAME: Mildred Bittinger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Ross R.Ryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

823.5 **Immediate cause** (a) Fracture Parietal Portion Skull (Left) — 2 Days

170C **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Public Road — (CITY OR TOWN) near Accident — (COUNTY) Garrett — (STATE) Md

TIME OF INJURY (Month) Oct (Day) 18 (Year) 1950 (Hour) 10 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Automobile ran into tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. D. Baumgartner — (Degree or title) MD — ADDRESS Oakland Md — DATE SIGNED 10/22/50

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial — DATE THEREOF Oct 23-1950 — NAME OF CEMETERY OR CREMATORY Grantsville — LOCATION (City, town, or county) Grantsville — (State) Md

DATE REC'D BY LOCAL REGISTRAR Oct 23 50 — REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR Wm Winebrigg — ADDRESS Grantsville Md

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BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10273

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND — LENGTH OF STAY (in this place): 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) SUDIE (Middle) M. (Last) SMITH

4. DATE OF DEATH: (Month) OCTOBER (Day) 2 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: MARCH 7, 1869

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: FOWKES, WILLIAM

14. MOTHER'S MAIDEN NAME: PETRO, MISSOURI LEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: -----

17. INFORMANT AND ADDRESS: Russell L. Smith Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro-vascular Accident — Sept 24/50

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 422.1 — 93d

(b) Arteriosclerotic cardio-vascular disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile, Emaciated

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Aug 1950, to 2 Oct, 1950 that I last saw the deceased alive on 2 Oct, 1950, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Thomas J. Leahy M.D. — Oakland, Md. — 3 Oct 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/6/1950	Heavner Cemetery	Buckhannon, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/6/50	Julia A. Rowan Deputy	Herbert C. Leighton	Oakland, Md.

RECEIVED
OCT 31 1950

10274

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY: Garrett Oakland MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LENGTH OF STAY (in this place): life time	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): 3d, Street

3. NAME OF DECEASED (Type or Print)	(First) Floyd	(Middle) Clarence	(Last) Stahl.	4. DATE OF DEATH	(Month) 10 (Day) 5, (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower	8. DATE OF BIRTH: 11/30/1884	9. AGE last birthday: 66 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Shopowner	10b. KIND OF BUSINESS OR INDUSTRY: Barber	11. BIRTHPLACE (State or foreign country): Sunnyside, Maryland.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Frederick Stahl.	14. MOTHER'S MAIDEN NAME: Belle Arnold.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: 215-22-3828	17. INFORMANT AND ADDRESS: Kenneth Y. Stahl, 4321 S. 36th St. Arlington, Va.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic cardio-vascular disease with decompensation - Grade 4	3-4 years
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial degeneration, severe	
	(c)	

422.1

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Nov, 1948, to 6 Oct, 1950, that I last saw the deceased alive on 16 Sept, 1950, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas F. Lusby M. D.		Oakland, Md.	5 Oct. 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 10/8/1950	NAME OF CEMETERY OR CREMATORY: Oakland, Cemetery	LOCATION (City, town, or county) (State): Oakland, Md.
DATE REC'D BY LOCAL REG.: 10/8/1950	REGISTRAR'S SIGNATURE: Julia Rowan	24. FUNERAL DIRECTOR: Emroy D. Bolden	ADDRESS: Oakland, Md

70089

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
OCT 31 1950
BUREAU OF S

Stanton

MARYLAND STATE DEPARTMENT OF HEALTH

10275

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grantsville, Md.
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grantsville, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	E	STANTON	Oct	26	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	March 23, 1909	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Trucker	Kiems Freight	Grantsville, Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James U Stanton	Annie Gnagy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW2	220-10-1902	J. U. Stanton - father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
816.5 **Immediate cause**	(a) Rupture of Lungs	Instant
170.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Crushing Injuries to Chest Wall	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	U.S. Rout 40	near Grantsville	Garrett	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
Oct. 26-1950 8:15 p.m.		Ran into Truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. J. Baumgartner	M D	Oakland Md	10/27/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 29, 1950	Grantsville cemetery	Grantsville, Garrett, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 30/50	Ethel Broadwater	Alva Winebrenner	Grantsville, Md.

$20.50

RECEIVED
NOV 2 1950
BUREAU V. A

10276

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Oakland,
LENGTH OF STAY (in this place): 48 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ------

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Oakland,
STREET ADDRESS (If rural, give location): 5 Mi. So. Oakland, Md.

3. NAME OF DECEASED (Type or Print): (First) Lydia (Middle) Beachy (Last) Swartzentruber

4. DATE OF DEATH: (Month) Oct. (Day) 27, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/17/1864

9. AGE last birthday: 86 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel J. Beachy

14. MOTHER'S MAIDEN NAME: Elizabeth Yoder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: ------

17. INFORMANT AND ADDRESS: Simon Swartzentruber Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — 3 years

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1946, to Oct 27, 1950, that I last saw the deceased alive on Oct 27, 1950, and that death occurred at 4:55 P. m., from the causes and on the date stated above.

SIGNATURE: A. E. Mann — (Degree or title) MD — ADDRESS: Oakland Md — DATE SIGNED: 27 Oct 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10/29/1950 — NAME OF CEMETERY OR CREMATORY: Gortner Cemetery — LOCATION (City, town, or county) (State): Garrett Co., Md.

DATE REC'D BY LOCAL REG. 10/29/50 — REGISTRAR'S SIGNATURE: Julia A Rawson

24. FUNERAL DIRECTOR: Herbert C. Leighton — ADDRESS: Oakland, Md.

RECEIVED
NOV 7 1950
BUREAU U. S.

Whitacre

10277

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

172

Reg. Dist. No. 1-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Kitzmiller; LENGTH OF STAY in this place: 6Hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peerless

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Vindex; STREET ADDRESS (If rural, give location) Standard

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	Edward	Whitacre	Oct.	28	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Apr.1,1901	49 yrs.	6	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
miner	coal mines	Kitzmiller, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Richard Whitacre	Mary Jane Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	216-07-5264	Mrs. Edna Whitacre, Vindex, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	
	(c) Cardiac Hypertrophy	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Acute Alcoholism	6 hr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. V. Baumgartner	M.D.	Oakland Md	10/28/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 30/50	I.O.O.F. Cemetery	Elk Garden, W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/30/50	A.W. Barnard	Otha F. Sharpless,	Blaine, W.Va.

322.0

420.1

9th a

VS. A15A

45402

RECEIVED
NOV 10 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10278

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: WEST VIRGINIA — COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: GORMANIA
STREET ADDRESS (If rural, give location): RURAL ROUTE # 1

3. NAME OF DECEASED (Type or Print): (First) BERTIE (Middle) M. (Last) WILDESEN

4. DATE OF DEATH: (Month) OCTOBER (Day) 2, (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 4/14/1884

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HWFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: EDWARD CHANCE

14. MOTHER'S MAIDEN NAME: KATIE VANSAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: -----

17. INFORMANT AND ADDRESS: FRANK WILDESEN R.D. GORMANIA, W. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-Vascular Accident — Interval Between Onset and Death: 25 Sept 50

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive cardio-vascular disease — 2 yrs ?
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 30 1950 to 2 Oct, 1950 that I last saw the deceased alive on 1 Oct, 1950 and that death occurred at 12:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas L Bixby M.D. Oakland, Md. 2 Oct 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 10/4/1950
NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
LOCATION (City, town, or county) (State): near Gorman, Md.

DATE REC'D BY LOCAL REG.: 10/4/1950
REGISTRAR'S SIGNATURE: Julia A Rowan
24. FUNERAL DIRECTOR: Herbert C. Leighton
ADDRESS: Oakland, Md.

RECEIVED
OCT 31 1950
BUREAU V. S